

**IN THE UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF MISSOURI**

In re: CHARLES LEWIS OLIVER

Case No.: 17-42193-drd-13

Debtor

NOTICE ALLOWING/DISALLOWING CLAIMS

COMES NOW, Richard V. Fink, the Chapter 13 Trustee, pursuant to Local Rule 3085-1 of the Western District of Missouri, and Rule 3001 (f) of the Federal Rules of Bankruptcy Procedure, and moves to have these claims allowed as set out below or disallowed as not filed, unless an objection to the claim is filed and the Court enters an Order which provides for different treatment.

ADVANCED PATHOLORY
SOLUTIONS
4851 NORTSHORE LANE
SUITE B
NORTH LITTLE ROCK, AR
72118

Court Claim No.: N/A
Trustee Claim No.: 3
Amount of Claim: N/A
Monthly Payment: N/A
Claim Type: General
Unsecured

Account Number: 8480
Interest Rate: N/A
Balance Owed: N/A
% to be Paid: N/A

ANESTHESIA ASSOC OF KC
PC
PO BOX 801185
KANSAS CITY, MO 64180

Court Claim No.: N/A
Trustee Claim No.: 6
Amount of Claim: N/A
Monthly Payment: N/A
Claim Type: General
Unsecured

Account Number: 3824
Interest Rate: N/A
Balance Owed: N/A
% to be Paid: N/A

ARNOLD RENTALS
4541 JANICE NORTH
MEMPHIS, TN 38122

Court Claim No.: N/A
Trustee Claim No.: 8
Amount of Claim: N/A
Monthly Payment: N/A
Claim Type: General
Unsecured

Account Number:
Interest Rate: N/A
Balance Owed: N/A
% to be Paid: N/A

BECKET & LEE LLP
PO BOX 3001
MALVERN, PA 19355-0701

Court Claim No.: 9
Trustee Claim No.: 4
Amount of Claim: \$2,283.92
Monthly Payment: N/A
Claim Type: General
Unsecured

Account Number: 2002
Interest Rate: N/A
Balance Owed: TBD
% to be Paid: TBD

BILL & BRENDA SCHMIDTT 1622 CHURCH RD WEST HORN LAKE, MS 38637	Court Claim No.: 2 Trustee Claim No.: 13 Amount of Claim: \$3,100.00 Monthly Payment: N/A Claim Type: General Unsecured	Account Number: Interest Rate: N/A Balance Owed: TBD % to be Paid: TBD
DISCOVER BANK DISCOVER PRODUCTS INC PO BOX 3025 NEW ALBANY, OH 43054-3025	Court Claim No.: 1 Trustee Claim No.: 20 Amount of Claim: \$5,937.00 Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 4585 Interest Rate: N/A Balance Owed: TBD % to be Paid: TBD
FREEDOMROAD FINANCIAL C/O CAPITAL RECOVERY GROUP BIN 920016/PO BOX 29426 PHOENIX, AZ 85038-9426	Court Claim No.: 3 Trustee Claim No.: 26 Amount of Claim: \$6,176.74 Monthly Payment: \$115.00 Claim Type: Secured (E)	Account Number: 7129 Interest Rate: 4.7600% Balance Owed: \$5,601.74 % to be Paid: 100.000%
HORN LAKE EYECARE PLLC 2085 GOODMAN ROAD W SUITE 100 HORN LAKE, MS 38637	Court Claim No.: N/A Trustee Claim No.: 29 Amount of Claim: N/A Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 1203 Interest Rate: N/A Balance Owed: N/A % to be Paid: N/A
KANSAS CITY UROLOGY CARE PA 8551 BLUEJACKET ST LENEXA, KS 66214	Court Claim No.: N/A Trustee Claim No.: 31 Amount of Claim: N/A Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 5401 Interest Rate: N/A Balance Owed: N/A % to be Paid: N/A
KC HOSPITALIST PA PO BOX 412917 DEPT 629 KANSAS CITY, MO 64141-2917	Court Claim No.: N/A Trustee Claim No.: 30 Amount of Claim: N/A Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 7235 Interest Rate: N/A Balance Owed: N/A % to be Paid: N/A

LEES SUMMIT MEDICAL CENTER RESURGENT CAPITAL SERVICES PO BOX 1927 GREENVILLE, SC 29602	Court Claim No.: 10 Trustee Claim No.: 36 Amount of Claim: \$3,417.83 Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 0110 Interest Rate: N/A Balance Owed: TBD % to be Paid: TBD
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LEES SUMMIT MEDICAL CENTER RESURGENT CAPITAL SERVICES PO BOX 1927 GREENVILLE, SC 29602	Court Claim No.: 11 Trustee Claim No.: 37 Amount of Claim: \$2,144.71 Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 5691 Interest Rate: N/A Balance Owed: TBD % to be Paid: TBD
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PORTFOLIO RECOVERY ASSOCIATES LLC PO BOX 12914 NORFOLK, VA 23541	Court Claim No.: 7 Trustee Claim No.: 10 Amount of Claim: \$2,444.18 Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 2686 Interest Rate: N/A Balance Owed: TBD % to be Paid: TBD
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PORTFOLIO RECOVERY ASSOCIATES LLC PO BOX 12914 NORFOLK, VA 23541	Court Claim No.: 12 Trustee Claim No.: 17 Amount of Claim: \$843.23 Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 5647 Interest Rate: N/A Balance Owed: TBD % to be Paid: TBD
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PREMIER BANKCARD LLC JEFFERSON CAPITAL SYSTEMS LLC PO BOX 772813 CHICAGO, IL 60677-2813	Court Claim No.: 8 Trustee Claim No.: 23 Amount of Claim: \$1,114.21 Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 8716 Interest Rate: N/A Balance Owed: TBD % to be Paid: TBD
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PROSPER MARKETPLACE 101 SECOND STREET SUITE 1500 SAN FRANCISCO, CA 94105	Court Claim No.: N/A Trustee Claim No.: 43 Amount of Claim: N/A Monthly Payment: N/A Claim Type: General Unsecured	Account Number: Interest Rate: N/A Balance Owed: N/A % to be Paid: N/A
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QUANTUM3 GROUP LLC AS AGENT FOR VELOCITY INVESTMENTS LLC PO BOX 788 KIRKLAND, WA 98083-0788	Court Claim No.: 13 Trustee Claim No.: 38 Amount of Claim: \$10,839.56 Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 9877 Interest Rate: N/A Balance Owed: TBD % to be Paid: TBD
SYNCHRONY BANK/LANE FURNITURE GALLERY ATTN BANKRUPTCY DEPARTMENT PO BOX 965060 ORLANDO, FL 32896-5060	Court Claim No.: N/A Trustee Claim No.: 48 Amount of Claim: N/A Monthly Payment: N/A Claim Type: General Unsecured	Account Number: Interest Rate: N/A Balance Owed: N/A % to be Paid: N/A
SYNCHRONY BANK/LOWE'S ATTN BANKRUPTCY DEPARTMENT PO BOX 965060 ORLANDO, FL 32896-5060	Court Claim No.: N/A Trustee Claim No.: 49 Amount of Claim: N/A Monthly Payment: N/A Claim Type: General Unsecured	Account Number: Interest Rate: N/A Balance Owed: N/A % to be Paid: N/A
THE LAW OFFICES OF TRACY L ROBINSON LC 818 GRAND BLVD # 505 KANSAS CITY, MO 64106	Court Claim No.: N/A Trustee Claim No.: 0 Amount of Claim: \$3,200.00 Monthly Payment: \$140.00 Claim Type: Attorney Fee	Account Number: Interest Rate: N/A Balance Owed: \$2,744.95 % to be Paid: 100.000%
US BANK RECOVERY DEPARTMENT PO BOX 5227 ML CN-OJ-W15 CINCINNATI, OH 45202-5227	Court Claim No.: N/A Trustee Claim No.: 52 Amount of Claim: N/A Monthly Payment: N/A Claim Type: General Unsecured	Account Number: Interest Rate: N/A Balance Owed: N/A % to be Paid: N/A
WELLS FARGO BANK NA WELLS FARGO CARD SERVICES PO BOX 9210 DES MOINES, IA 50306	Court Claim No.: 6 Trustee Claim No.: 59 Amount of Claim: \$1,001.44 Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 622870778 Interest Rate: N/A Balance Owed: TBD % to be Paid: TBD

WELLS FARGO BANK NA PAYMENT PROCESSING/MAC #X2302-04C ONE HOME CAMPUS DES MOINES, IA 50328	Court Claim No.: 5 Trustee Claim No.: 61 Amount of Claim: \$143,321.87 Monthly Payment: N/A Claim Type: Mortgage Payment (Pr)	Account Number: 2432 Interest Rate: N/A Balance Owed: N/A % to be Paid: N/A Special Remarks: Direct
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WELLS FARGO BANK NA ATTN PAYMENT PROCESSING MAC X230204C ONE HOME CAMPUS DES MOINES, IA 50328	Court Claim No.: 4 Trustee Claim No.: 64 Amount of Claim: \$156,912.08 Monthly Payment: N/A Claim Type: Mortgage Payment (Pr)	Account Number: 8318 Interest Rate: N/A Balance Owed: N/A % to be Paid: N/A Special Remarks: Direct
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WELLS FARGO BANK NA ATTN PAYMENT PROCESSING MAC X230204C ONE HOME CAMPUS DES MOINES, IA 50328	Court Claim No.: 4 Trustee Claim No.: 65 Amount of Claim: \$1,850.24 Monthly Payment: N/A Claim Type: Mortgage Arrearage (Pr)	Account Number: 8318 Interest Rate: N/A Balance Owed: \$1,850.24 % to be Paid: 100.000%
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WELLS FARGO BANK NA PAYMENT PROCESSING/MAC #X2302-04C ONE HOME CAMPUS DES MOINES, IA 50328	Court Claim No.: 5 Trustee Claim No.: 66 Amount of Claim: \$293.43 Monthly Payment: N/A Claim Type: Mortgage Arrearage (Pr)	Account Number: 2432 Interest Rate: N/A Balance Owed: \$293.43 % to be Paid: 100.000%
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WESTGLEN GASTROINTESTINAL CONS 7230 RENNER ROAD SHAWNEE, KS 66217-9901	Court Claim No.: N/A Trustee Claim No.: 62 Amount of Claim: N/A Monthly Payment: N/A Claim Type: General Unsecured	Account Number: 4720 Interest Rate: N/A Balance Owed: N/A % to be Paid: N/A
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March 19, 2018

Respectfully submitted,

/s/ Richard V. Fink, Trustee

Richard V. Fink, Trustee
2345 Grand Blvd., Ste. 1200
Kansas City, MO 64108-2663
(816) 842-1031

NOTICE

Any response to the above Notice Allowing Claim must be filed within thirty (30) days of the date of this notice with the Clerk of the United States Bankruptcy Court. Documents can be filed electronically at <http://ecf.mowb.uscourts.gov>. A copy of such response shall be served electronically by the Court on the Chapter 13 Trustee and all other parties to the case who have registered for electronic filing. Parties not represented by an attorney may mail a response to the Court at the address below. If a response is timely filed, the Court will either rule the matter based on the pleadings, or set the matter for a hearing. If a hearing is to be held, notice of such hearing will be sent to all parties in interest. For information about electronic filing, go to <http://www.mow.uscourts.gov>. If you have any questions about this document, contact your attorney.

Court Address: U.S. Bankruptcy Court, 400 E. 9th St., Room 1510, Kansas City, MO 64106

NOTICE OF SERVICE

The following parties will be served either electronically or by United States First Class Mail and a certificate of service will be filed thereafter:

DEBTOR(S)
THE LAW OFFICES OF TRACY L ROBINSON LC (403823) - ATTORNEY FOR DEBTOR(S)

/s/ Richard V. Fink, Trustee

SL /Notice - Allow/Disallow Claims